

**City of Saint Paul Department of Fire and Safety Services
Event Participation Request**

Type of Event: _____

Location: _____

Date of Event: _____

Time requested for Fire Department Appearance: _____

Time of Event - Start: _____ **To:** _____

Type of Rig Requested: Medic _____ **Fire** _____

Approximate Anticipated Attendance: _____

IMPORTANT: (Daytime hours please 8:00 a.m. – 4:00 p.m.)

Contact's Name: _____

Contact's Address: _____ **Zip code:** _____

Phone #: _____ **Cell phone:** _____

Fire vehicle to be parked: ***Please have an area where we can park the rig, be specific***

Other important information we may need to know or you would like to request:

Please return this form to **St. Paul Fire Department, 645 Randolph Ave., St. Paul, MN 55102 or FAX to 651-228-6241.** A high volume of requests come in for National Night Out. The Fire Dept. will make every effort to attend as many as possible!